

**State of Utah Early Retirement Rates**

**Monthly Rates Effective July 1, 2017 - June 30, 2018**

State Early Retiree rates <u>1st 18 months</u>				State Early Retiree rates <u>after 18 months</u>			
Type of Coverage	Retiree Share**	State Share	Total	Type of Coverage	Retiree Share**	State Share	Total
<b>Traditional Plan -- Advantage or Summit Network</b>				<b>Traditional Plan -- Advantage or Summit Network</b>			
Single	44.40	510.57	554.97	Single	56.58	650.73	707.31
Double	91.54	1,052.72	1,144.26	Double	116.67	1,341.71	1,458.38
Family	122.21	1,405.37	1,527.58	Family	155.75	1,791.16	1,946.91
<b>Traditional Plan -- Preferred Network</b>				<b>Traditional Plan -- Preferred Network</b>			
Single	230.91	499.47	730.38	Single	294.29	636.58	930.87
Double	476.18	1,029.84	1,506.02	Double	606.89	1,312.54	1,919.43
Family	635.62	1,374.83	2,010.45	Family	810.11	1,752.22	2,562.33
<b>The STAR Plan -- Advantage or Summit Network</b>				<b>The STAR Plan -- Advantage or Summit Network</b>			
Single	-	431.97	431.97	Single	-	550.55	550.55
Double	-	894.83	894.83	Double	-	1,140.47	1,140.47
Family	-	1,239.82	1,239.82	Family	-	1,580.16	1,580.16
<b>The STAR Plan -- Preferred Network</b>				<b>The STAR Plan -- Preferred Network</b>			
Single	136.53	431.97	568.50	Single	174.01	550.55	724.56
Double	282.85	894.83	1,177.68	Double	360.49	1,140.47	1,500.96
Family	391.88	1,239.82	1,631.70	Family	499.46	1,580.16	2,079.62
<b>Utah Basic Plus -- Advantage or Summit Network</b>				<b>Utah Basic Plus -- Advantage or Summit Network</b>			
Single	-	343.94	343.94	Single	-	438.36	438.36
Double	-	718.78	718.78	Double	-	916.09	916.09
Family	-	1,063.76	1,063.76	Family	-	1,355.78	1,355.78
<b>Utah Basic Plus -- Preferred Network</b>				<b>Utah Basic Plus -- Preferred Network</b>			
Single	108.71	343.94	452.65	Single	138.55	438.36	576.91
Double	227.19	718.78	945.97	Double	289.57	916.09	1,205.66
Family	336.25	1,063.76	1,400.01	Family	428.55	1,355.78	1,784.33
<b>DENTAL AND VISION - RETIREE PAYS THE TOTAL COST</b>							
<b>Dental</b>	<b>Single</b>	<b>Double</b>	<b>Family</b>	<b>Dental</b>	<b>Single</b>	<b>Double</b>	<b>Family</b>
Traditional Dental	32.53	60.38	109.96	Traditional Dental	38.28	71.04	129.37
Preferred Choice Dental	30.09	55.87	101.71	Preferred Choice Dental	35.40	65.73	119.66
Expressions Dental	48.88	88.77	159.86	Expressions Dental	57.13	104.05	187.69
<b>Vision</b>	<b>Single</b>	<b>Double</b>	<b>Family</b>	<b>Vision</b>	<b>Single</b>	<b>Double</b>	<b>Family</b>
EyeMed Full	7.49	12.28	17.05	EyeMed Full	8.95	15.06	21.13
EyeMed Eyewear Only	6.46	10.30	14.14	EyeMed Eyewear Only	7.64	12.54	17.43
OptiCare Full	8.44	13.47	19.99	OptiCare Full	10.16	16.57	24.89
OptiCare Eyewear Only	6.47	9.85	13.88	OptiCare Eyewear Only	7.65	11.95	17.10

**\*\* RETIREE SHARE is only valid if you retire with unused Program I Sick hours and apply them towards the Medical premium. If you do not have unused Program I Sick hours available, or if you choose not to apply them towards the Medical premium, then you are responsible for the TOTAL premium cost.**